

SWORN AFFIDAVIT FOR COMPLAINT LOG INVESTIGATION  
CHICAGO POLICE DEPARTMENT

STATE OF ILLINOIS  
COUNTY OF COOK

CC

Location of Incident	Date	Time
----------------------	------	------

Summary of Statement(s):

- I, \_\_\_\_\_ here
- I have read the above summary and/or \_\_\_\_\_ in its entirety, reviewed it for accuracy and opportunity to make corrections and additions to the st
  - Under penalties as provided b \_\_\_\_\_, 735 ILCS 5/1-109, I certify that the information set forth \_\_\_\_\_(s) above and/or attached summary are true and cr \_\_\_\_\_ any matters therein stated to be on information and beli \_\_\_\_\_, I certify as aforesaid that I verily believe the same to '

Print Affiant's Name \_\_\_\_\_

Print Witness's Name \_\_\_\_\_

Affiant's Signature \_\_\_\_\_

Witness's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_